

Case Number:	CM13-0026896		
Date Assigned:	06/06/2014	Date of Injury:	09/22/2000
Decision Date:	07/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic and Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female who reported low back pain from injury sustained on 9/22/00 while helping a patient out of bed. Lumbar discogram revealed degenerative disc disease and L3-4 Anterolisthesis. X-rays of the lumbar spine revealed anterior pseudo spondylolisthesis of L4 on L5 secondary to degenerative disc disease. The patient is diagnosed with low back pain; degenerative disc disease and spinal stenosis. The patient has been treated with medication, multiple lumbar injections, physical therapy and acupuncture. The primary treating physician is requesting 12 additional acupuncture visits which were modified to 4 and then to 6 visits. According to the notes dated 10/21/13, the patient complains of frequent flare up of symptoms resulting in pain levels of 5-6/10 to 8-10/10. She also complains of tenderness to palpation in the para-spinous tissue mostly on the right. She notes a decrease in pain from 7- 8/10 to 5-6/10 and reduction in pain medication by 50%. The patient's functionality has improved from 15 minutes to 30 minutes of activities of daily living. According to the notes dated 3/3/14 and 3/26/14, the patient complains of pain and weakness. Pain with weight bearing is constant at 6-8/10. With acupuncture, she is able to vacuum and do errands and is able to cook. There is an assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient has not had any long-term symptomatic or functional relief with acupuncture care; however, the requested visits exceed the quantity supported by guidelines. The patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CONTINUED ACUPUNCTURE SESSIONS 1X12 (LUMBAR): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS- Section 9792.24.1 Acupuncture Medical Treatment Guidelines pages 8-9, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The injured worker has had prior acupuncture treatment. According to the progress notes, the injured worker did have functional improvement with acupuncture; however, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. According to the guidelines, 3-6 treatments are sufficient for course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. According to the MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. According to the review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.